

RCPCH Invited Reviews Programme

# Invited reviews – A guide

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**RCPCH**

Royal College of  
**Paediatrics and Child Health**

*Leading the way in Children's Health*

## 4 Governance, independence and accountability

4.1 The Invited Review process is overseen and quality assured by an Invited Reviews Programme Board comprising senior College Officers and staff and chaired by the Clinical Advisor. The IR Programme Board reports to the RCPCH Executive Committee. The Programme is approved by RCPCH Council, with clearly defined accountabilities, and Quality Assurance processes. The staff IR team and Clinical Advisor provide day to day support and decision making according to delegated authority.

4.2 The RCPCH undertakes reviews on behalf of an authorised individual in the client body. For service providers this is usually the Medical Director as Responsible Officer or Chief Executive as Accountable Officer depending upon the nature of the review. Responsibility for receiving, disseminating and acting on the reports lies with them or their nominated representative. Review reports provide advice only and the College will be indemnified by the Client in the case of any litigation resulting from implementing any advice or recommendations within the report.

4.3 Reviews and the individuals involved in conducting them must be, and clearly seen to be, wholly objective and independent. There are a number of mechanisms in place to mitigate the risk of allegation of bias or inappropriate influence:

- ∞ Reviewers are usually selected from a pool of experienced paediatricians who have met specific skills and knowledge criteria and received relevant training ;
- ∞ There are always at least two reviewers plus staff support on visits;
- ∞ A lay and/or nurse reviewer is included in the review team where appropriate;
- ∞ Reviews are conducted primarily to assess compliance with formal standards;
- ∞ All reviewers are required to declare any conflict of interest;
- ∞ Organisations or individuals being reviewed agree the reviewer names;
- ∞ There is a clear QA process to challenge the report content and conclusions.

4.4 This guidance applies across all four UK countries. Invited reviews will be carried out in accordance with the latest guidance, standards and recommendations from government, educational and regulatory authorities. Where a reference in this document has been superseded the latest version stands.

## 7 Process - initial contact - see Appendix 1

7.1 All initial requests and enquiries would usually come from the Medical Director or Chief Executive and be directed via the Invited Reviews staff team ([invited.reviews@rcpch.ac.uk](mailto:invited.reviews@rcpch.ac.uk)). The IR Manager and the Clinical Advisor will work together with the client to determine the nature and extent of assistance required.

7.2 In the first instance the College may only be asked for confidential advice as to whether a problem really exists, which may comprise a short telephone conversation or face to face discussion. Such approaches will be fully documented on a standard proforma but may simply be a signposting response to another agency e.g. NCAS or GMC and thus not fall into the formal IR process.

7.3 The Clinical Advisor and the IR manager determine the nature of the review request and whether it falls into one of the categories set out in section 2 above or if the client should be directed to another relevant authority.

7.4 The College will **only** conduct Individual Performance Reviews where:

- ∞ the client is operating the review under MHPS procedures or equivalent;
- ∞ NCAS is aware and supporting the medical director (except Scotland);
- ∞ there is a clear scope for the review and / or terms of reference;
- ∞ the core issues for review relate to clinical capability and judgement only;
- ∞ a site visit is permitted, to include interviews with the individual and colleagues who are familiar with the service and the individual's clinical work.

7.5 The College will **not** take on cases where:

- ∞ the requirement is for a clinical opinion to support a court case (medico-legal);
- ∞ the request is simply for a review of case notes without visit or service context unless there are specific reasons why College involvement is important;
- ∞ the expected scope includes behavioural, misconduct, bullying, harassment or possible mental health concerns (NCAS should be contacted);
- ∞ the doctor is a trainee (these should be referred to the relevant Deanery);
- ∞ the GMC Fitness to Practise process is underway;
- ∞ there are disputes regarding contracts or terms of service;
- ∞ the Police or Counter Fraud service are involved; or
- ∞ individuals approach the College themselves without Medical Director agreement.

7.6 For the situations above the staff team would usually be able to signpost to alternative sources of assistance.

7.7 If any of the issues listed in 7.5 come to light during an IR, the review should be completed in relation to its original remit unless advised to the contrary in order to avoid prejudicing other investigations by a public authority or regulator, but the reviewers cannot investigate or suggest solutions for any of the above. Clear scope boundaries should be agreed before further work takes place in order to avoid prejudicing other investigations, which should be undertaken if required under existing internal or NHS mechanisms.

7.8 Throughout the initial phase the Client has the opportunity (in confidence) to propose or reject individual reviewers who meet the College criteria to ensure that the review is objective and independent.

## 8 Process – Main Review - see flowchart in Appendix 1

8.1 Once the Clinical Advisor has agreed for the College to proceed with an IR, an early pre-review visit may be proposed to familiarise the College representatives with the relevant individuals, issues and arrangement of services onsite. The meeting would usually involve the Clinical Advisor or nominated lead reviewer and Head of Invited Reviews and cover the following topics:

- ∞ guided tour of relevant department(s);
- ∞ meeting with Medical Director/CE/Director of Nursing / Clinical Lead where available;
- ∞ clarification of purpose of the review and any political / contextual factors;
- ∞ explanation of the College's terms of engagement (set out in contractual letter);
- ∞ finalising of Terms of Reference;
- ∞ explanation of process, timescales and expectation with respect to visit support and pre-visit information requirements.

8.2 Following agreement to proceed the Review Manager works with the client and Clinical Advisor or Lead Reviewer to:

- ∞ clearly define the issue requiring the invited review;
- ∞ secure agreement from the Chief Executive, Medical Director and clinician or clinicians involved for a review to be undertaken (there are occasions when to protect patients or as part of early planning a review might be necessary without the total support of the local consultant body);
- ∞ consider whether it is appropriate to involve other Colleges, e.g. RCOG, RCN;
- ∞ Discuss and agree the terms of reference and methodology of the proposed review. This is an important part of the process and may require an initial visit as described above;
- ∞ Identify and agree (where possible) contractual terms including fees and indemnifying the reviewers;